

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90056 015 ***150.00

DOCUMENT # P02000047586

1. Entity Name
RECOVERY FIRST, INC.



Principal Place of Business
**520 NORTH VICTORIA PARK ROAD
FORT LAUDERDALE FL 33301**

Mailing Address
**520 NORTH VICTORIA PARK ROAD
FORT LAUDERDALE FL 33301**



2. Principal Place of Business

2701 W OAKLAND PK Blvd

3. Mailing Address

2701 W OAKLAND PARK Blvd

Suite, Apt. #, etc.

240

Suite, Apt. #, etc.

240

City & State

OAKLAND PARK, FL

City & State

OAKLAND PARK, FL

Zip

33311-1363 BROWARD

Zip

33311-1363 BROWARD

4. FEI Number

331004926

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, JAMES F
520 NORTH VICTORIA PARK ROAD
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DAVIS, JAMES F**
STREET ADDRESS **520 NORTH VICTORIA PARK ROAD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-2003 58003 734-5192

CR2E034 (10/02)